House of Commons

Health and Social Care Committee

# Palliative Care: Government Response

First Special Report of Session 2026–27 HC 357

# Health and Social Care Committee

The Health and Social Care Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Department of Health and Social Care and its associated public bodies.

## Current membership

Layla Moran (Liberal Democrat; Oxford West and Abingdon) (Chair)

Danny Beales (Labour; Uxbridge and South Ruislip)

Ben Coleman (Labour; Chelsea and Fulham)

Dr Beccy Cooper (Labour; Worthing West)

Jen Craft (Labour; Thurrock)

Josh Fenton-Glynn (Labour; Calder Valley)

Andrew George (Liberal Democrat; St Ives)

Paulette Hamilton (Labour; Birmingham Erdington)

Alex McIntyre (Labour; Gloucester)

Joe Robertson (Conservative; Isle of Wight East)

Gregory Stafford (Conservative; Farnham and Bordon)

## Powers

The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No. 152. These are available on the internet via www.parliament.uk.

## Publication

This Report was Ordered by the House of Commons, on 16 June 2026, to be printed. It was published on 19 June 2026 by authority of the House of Commons. © Parliamentary Copyright House of Commons 2026.

This publication may be reproduced under the terms of the Open Parliament Licence, which is published at www.parliament.uk/copyright.

Committee Reports are published on the Committee's website at www.parliament.uk/healthcom and in print by Order of the House.

## Contacts

All correspondence should be addressed to the Clerk of the Health and Social Care Committee, House of Commons, London SW1A 0AA. The Committee's email address is hsccom@parliament.uk.

Follow the work of committees on Bluesky @HOCcommittees.parliament.uk, Facebook UK House of Commons Committees, Instagram @UKCommonsCommittees, LinkedIn House of Commons Committees, Reddit u/UKCommonsCommittees, X @HOCcommitteesUK and YouTube Commons Committees playlist.

# First Special Report

The Health and Social Care Committee published its Sixth Report of Session 2024–26, Palliative Care (HC 1763), 24 March 2026. The Government Response was received on 8 June 2026 and is appended below.

# Appendix: Government Response

## Introduction

This is the Government's formal response to the recommendations made by the Health and Social Care Committee in its report Palliative Care, published on 24 March 2026. The Government welcomes the Committee's report, which follows the Expert Panel: Evaluation of Palliative care in England, published on 28 November 2025 and the Committee hearing, which I attended on 7 January 2026. We are grateful to everyone who has contributed their time and expertise.

The Government recognises that the Health and Social Care Committee's report assesses the current landscape of palliative care and end-of-life-care care in England.

The report notes that frameworks similar to the the forthcoming Modern Service Framework (MSF) for Palliative Care and End-of-Life Care, setting out expectations for services, already exist, and highlights concerns about the effectiveness and consistent implementation of existing approaches. It is in this context that the report, sets out a number of recommendations intended to inform the development and impact of the MSF, including the steps the Government should take where integrated care boards (ICBs) do not meet expected standards.

The report also recommends that the Government: sets out how it will increase specialist palliative care and end-of-life care workforce capacity, including specific staffing expectations for children and young people's services; reconsiders the removal of local authority representation from ICBs to support effective commissioning of social care at the end of life; clarifies how bereavement services delivered by ICBs will be monitored and addressed where provision falls below acceptable standards; and introduces a more sustainable and predictable funding model for hospices, reflecting their central role in delivering end-of-life care.

We are pleased to inform you that we have now produced an interim update, detailing the progress of the MSF to date. The interim update was published via a written ministerial statement, alongside an annex containing further information for interested parties, and importantly, the National Director for Primary Care and Community Services is writing to systems setting out actions that can begin ahead of the full publication of the MSF in Autumn 2026.

We acknowledge the Committee's recommendations and set out below how the Government intends to respond to each.

# Response

Firstly, we would like to thank the Committee for providing this comprehensive and helpful evaluation of palliative care in England. We have carefully considered all the evidence and conclusions presented in the report and provide a response to each recommendation in turn below.

**Recommendation 1:** If the Modern Service Framework is to deliver meaningful change it must be more than a well-intentioned ambition. ICBs and the Department need to be held accountable for meeting the Framework, with clear consequences if its standards are not met. We call on the Government to set out, in its interim Report this Spring, what accountability arrangements will be in place to support implementation of the MSF and what concrete steps the Department will take with ICBs that fall short. The Government must also ensure that ICBs have the support, tools and resources they need to deliver on the MSF.

**Response**

**Accept**

Accountability arrangements will be critical to ensuring all Modern Service Frameworks drive meaningful and sustained improvement. NHS England and DHSC recognise this as essential to effective implementation and will be working closely as the detail of arrangement develop with the National

Quality Board to ensure arrangements align with existing accountability approaches. These arrangements will need to strike the right balance between assurance and support, ensuring systems are held to account while being given the tools, guidance and resources required to deliver the MSF successfully.

The MSF will provide a clinically-led, evidence-based framework to support sustained improvement in patient and carer outcomes, including narrowing inequality and reducing unwarranted variation.

The interim update written ministerial statement, sets out how we will drive and sustain the required changes in practice and behaviour across the system. As part of this, areas of action have been identified for those commissioning and delivering services with associated performance and outcome metrics to support system accountability. It complements the existing statutory guidance and service specifications by bringing together evidence-based areas of action, outcome measures and system-level levers into a single coherent framework, to support sustained improvement over time.

Metrics (in development) will build on the 2029 aims set out in the Neighbourhood Health Framework to increase the number of people identified as approaching end of life by 10%, and reduce non-elective admissions and hospital bed days by 10%. There will be a notable shift towards outcome measurement.

Overall, the performance and outcome metrics will support system accountability and will measure what matters most to people receiving care, and to their families and carers. Measures included will cover all ages, with a focus on unwarranted variation and health inequalities, and a commitment to developing person-centred outcome and experience measures.

Additionally, in line with the strategic commissioning framework, we expect all ICBs, to complete an integrated needs assessment, to gain a detailed understanding of their current and future population, including those with palliative care and end-of-life care needs. This is vital in order to commission the services to best meet that need, whilst providing the best value for money.

We will be refreshing the statutory guidance and service specifications later this year, to further support ICBs to commission using a system-wide approach across primary and community care, the voluntary sector and social care, and acute hospitals for all patients, including babies, children and young people (BCYP).

**Recommendation 2:** We are concerned that the Minister was unable to commit to providing clear and specific standards and guidance for babies, children and young people's palliative and end of life care in the Modern Service Framework (MSF). We strongly recommend that the Department includes specific standards within the MSF for the provision of children and young people's palliative care services, and for the transition between child and adult services. Pan-ICB commissioning guidance should contain specific information on how to commission these services effectively.

**Response**

**Accept**

We recognise that access to high-quality palliative care and end-of-life care for BCYP, and those transitioning between children's and adult services is variable.

The MSF will provide an all age, clinically-led, evidence-based framework to support sustained improvement in patient and carer outcomes, including narrowing inequality and reducing unwarranted variation. Areas of action have been identified for those commissioning and delivering services with associated performance and outcome metrics to support system accountability, including specific metrics under development that are relevant to BCYP. NHS England and DHSC are working closely with stakeholders with expertise and experience in palliative care and end-of-life-care for BCYP in the development of the MSF.

The best mechanisms for providing BCYP and transition-specific standards are the statutory guidance and service specifications, which we will be refreshing later this year. The revised statutory guidance and service specifications will be designed to further support ICBs to commission using a system-wide approach across primary and community care, the voluntary sector, social care, and acute hospitals for all patients, including BCYP. In April 2026, NHS England published guidance that sets out actions for ICBs, providers and clinical teams to support safe and effective transition of young people into adolescent and adult services. This includes actions for children in receipt of children and young people's continuing care.

As stated in the NHS England Strategic Commissioning Framework, NHS England is devolving as many of its direct commissioning responsibilities as possible to ICBs to allow them to plan services from end to end, enabling a shift from tertiary towards preventative services. As part of this, within each NHS region an Office of Pan ICB Commissioning is being established as a vehicle through which these direct commissioning responsibilities can be carried out.

**Recommendation 3:** We recommend that the MSF includes specific guidelines and requirements for ICBs to enable access to 24/7 PEoLC services, including access to symptomatic medication, and in-person care where necessary. We call on the Government to provide an assessment of both the workforce needed to deliver such a service and the potential savings to the wider health and care service that such an offer would deliver.

**Response**

**Accept**

We know that having 24/7 access to palliative care and end-of-life care support benefits patients, families and healthcare professionals who do not have that specialist experience and expertise.

Specific guidelines on 24/7 palliative care and end-of-life care services are already available via NHS England's statutory guidance which already makes specific reference to commissioners defining how their services will meet population needs 24/7, and includes a priority action for ensuring that staff, patients and carers can access the care and advice they need, whatever time of day. We will be refreshing this guidance later this year.

Additionally, NICE guidance on end-of-life care for adults includes recommendations about 24/7 access to care. It recommends that adults approaching the end of their life should have access to an out-of-hours end of life care advice line and a healthcare professional available 24 hours a day, 7 days a week, who can access the person's records and advance care plan, and make informed decisions about changes to care.

Although NICE guidance is not mandatory, there is an expectation that commissioners and service providers take the guidelines into account when making decisions about how to best meet the needs of their local communities.

We are committed to publishing an MSF to improve the access, quality and sustainability of all-age palliative care and end-of-life care in line with the 10 Year Health Plan, and 24/7 provision has been identified an area of action that can help to achieve our goal of improving palliative care and end-of-life care for all by reducing A&E attendances, non-elective admissions and bed days in last 90 days of life. Furthermore, through our work on neighbourhood health, we will set out how evidence-based models can be adopted and scaled.

Our forthcoming 10 Year Workforce Plan will ensure the NHS has the right people in the right places, with the right skills to care for patients, when they need it. We are working with partners to ensure the Plan delivers for staff and patients. We are also engaging independent experts to ensure it is ambitious, forward-looking and evidence-based.

We continue to work through how the Plan, due to be published soon, will articulate the changes for different professional groups and service areas by setting out specific measures.

We also recognise the vital role community pharmacy plays in supporting people at the end of life, including timely access to medicines and advice for patients, families and carers. Most community pharmacies are contracted to open for a minimum of 40 hours a week, with others open at least 72 hours, with around 80% of the public living within 20 minutes' walk. This ensures access across a wide range of times, generally from 5pm to 9pm, Monday to Saturday, and from 11am to 4pm on Sundays.

While a 24/7 level of provision is not covered by the terms of service requirements for community pharmacies that provide NHS services, local ICBs can, and already do, commission out-of-hours dispensing locally if there is a need for patients to access medicines outside of the core pharmacy hours.

In urgent situations, where it is not possible to collect the medication from a pharmacy or primary care provider, patients can attend hospital A&E departments.

We will continue to work with system partners, the palliative care and end-of-life-care sector and community pharmacy representatives to improve consistency of access, including reviewing what further national support or guidance is needed to reduce unwarranted variation and strengthen outofhours medicines access for people nearing the end of life.

**Recommendation 4:** The role of social care in the provision of palliative and end-of- life care has been overlooked for far too long, and we are concerned that the Government's plans to remove local authorities from ICBs will only make the current situation worse, particularly in the context of the Government's aim to shift care into the community. We urge the Government to reconsider its decision to remove, through legislation, local authority representation on ICBs, to ensure social care is represented, understood and appropriately commissioned to deliver end of life care.

**Response**

**Reject**

Collaboration between ICBs and local authorities (LAs) is a core part of our future operating model as set out in our 10 Year Health Plan. However, the current system where LA and ICB collaboration takes place through multiple fora, including the boards of ICBs, integrated care partnerships (ICPs) and health and wellbeing boards (HWBs), is confusing and ineffective. The removal of LAs as well as providers from ICBs will simplify the existing complex landscape of collaboration, as well as reflect the core role of ICBs as strategic commissioners covering larger geographies.

In the future, collaboration between ICBs and LAs will be at 'place' level, with health and wellbeing boards as the focal point. This is part of our ambition to deliver neighbourhood health. As set out in March 2026's Neighbourhood Health Framework, ICBs and LAs will work together at HWB level to agree how neighbourhood health can deliver measurable benefits and address local priorities and health inequalities set out in the local joint strategic needs assessment (JSNA). The JSNA includes needs relating to end of life care including bereavement services.

The new operating model continues to champion and incentivise partnership working and is embedded into its policy frameworks such as the Strategic Commissioning Framework and the Neighbourhood Health Framework. These documents make it clear that working in partnership is a core enabler of effective strategic commissioning, not just good practice.

**Recommendation 5:** We recommend that the Department implement the 90% target for the percentage of individuals in the last year of life documented on the Palliative Care Register and that it reports annually on progress against this target to monitor the impact of its decision to remove the financial incentive to add patients to the Register.

**Response**

**Reject**

While there is currently no formal government target of 90% for the percentage of individuals in the last year of life documented on the Palliative Care Register, the evidence suggests that between 0.75% – 0.9% of the population (so c.75% – c.90% of those that die in each year) could be identified as likely in the last 12 months of life so that is a stretch target that we would like to achieve by 2029, supported by the MSF.

Register indicators have been income-protected in the Quality Outcomes Framework (QOF) since COVID-19, and their removal is intended to streamline the incentive scheme rather than reduce support for core clinical activity.

We recognise that more work needs to be done on early identification. The MSF will provide a clinically-led, evidence-based framework to support sustained improvement in patient and carer outcomes. Areas of action have been identified for those commissioning and delivering services with associated performance and outcome metrics to support system accountability. The metrics related to improving the identification of people with palliative care and end-of-life care needs are an important part of this. We are considering the target and metrics as we develop the full MSF in partnership with researchers and analysts.

Recommendation 6: We urge the department to mandate ICBs to maintain a fully populated palliative and end-of-life care dashboard that is actively used for commissioning, service planning, quality improvement, and inequality monitoring across their local system.

**Response**

**Accept**

We agree that high-quality, consistent data is essential to effective commissioning, service planning, quality improvement and understanding and addressing inequalities in palliative care and end-of-life care. NHS England provides national data tools via a Palliative and End of Life Care Dashboard to support commissioners, and is strengthening expectations on data use through the Strategic Commissioning Framework and MediumTerm Planning Guidance.

From April 2026, ICBs are expected to understand and use comprehensive utilisation and cost data for people with palliative care and end-of-life care needs as part of populationbased commissioning and performance oversight.

The MSF will also set out clearer expectations on the data, outcomes and measures that systems should use to support consistent commissioning, transparency and inequality monitoring, while allowing appropriate flexibility to reflect local population needs. Our goal is to embed the active use of a robust dashboard and management information into core commissioning and accountability processes.

**Recommendation 7:** If the Government intends for the introduction of the Single Patient Record to address concerns about a lack of service integration for palliative and end of life care, then this record must be available to all providers—including social care, the voluntary sector and private providers. The Government should also set out in its response to this Report how it will use the introduction of the Single Patient Record to drive integration across different types of providers.

**Response**

**Accept**

Integrated palliative care and end-of-life care services are central to the shift towards community-based care. They enable care to be delivered closer to people's homes. NHS England's statutory guidance for palliative care and end-of-life care highlights the importance of high-quality, coordinated care, including sharing key information about the individual's needs and priorities shared digitally, through Shared Care Records, to enable more effective and efficient care.

The objective of the Single Patient Record is to bring together patient information from the source records of different services across health and social care in England, to provide a single account of people's health and care needs for use in different care settings. It will not, however, replace conversations with clinicians or become another complex IT system.

The Single Patient Record will focus on the health and social care service in England, but the aim is for a truly comprehensive health and care record that overtime and where technical solutions are in place could extend to independent / private providers and the voluntary sector. The development of the Single Patient Record will seek to embrace records from as wide a range of providers as possible, always ensuring the appropriate clinical and information governance, and technical security, is in place.

Our ambition is that, from 2028, patients in England will be able to view their Single Patient Record via the NHS App, starting with maternity and frailty. Healthcare professionals will access, via a secure interface, a single, reliable source of data on each patient, so they can give appropriate, safe and more coordinated care.

In addition, people will have their record in their hands and will be able to share key information with their health and care providers through the NHS App enabling care providers to access key information about their health and care.

The Single Patient Record will support our wider integration work such as the Neighbourhood Health Service and Integrated Health Organisations by providing a single trusted source of patient information, including care

plans, that will be available to providers of health and care enabling them to offer more seamless co-ordinated care across the range of health and care services.

We will bring forward legislation to provide a framework for the Single Patient Record. The powers we are taking will mean that we can enable all providers of health and social care in England, including private and voluntary sector providers to contribute to, and access, the Single Patient Record, as the programme develops and in line with the prioritised use cases.

**Recommendation 8**

**Generalist Workforce**

We recommend that end-of-life care be included as a core skill for the generalist health and social care workforce, with a clear and defined set of competencies required to deliver high-quality and person-centred palliative care and end-of-life care. This should be reflected in the forthcoming 10 Year Workforce Plan. In particular, the critical role that social care staff play in delivering palliative care should be acknowledged in the Plan and reflected in the training and support social care staff receive to enable them to provide this care in a more systematic way. While we welcome the Qualification in Specialism Standard for Palliative and End of-Life Care, we ask the Department to provide further information in its response to this Report on who will be required to complete this training and when it will become available.

**Specialist Workforce:**

The Government need to publish an evidence-based plan, supported by up-to-date workforce modelling, setting out how it will increase the capacity and sustainability of all sectors of the specialist palliative and end of life care workforce, as part of the 10 Year Workforce Plan. This should include plans for clear training pathways and a specific target for the staffing of children and young people's palliative care.

**Response**

**Partially Accept**

**Generalist Workforce**

We are committed to training the staff we need to ensure patients are cared for by the right professional, when and where they need it.

Standards of proficiency, conduct and performance of registered professionals are the statutory responsibility of healthcare regulators. Approved Education Institutions and practice partners develop the specific content and design of programmes to meet these standards. Programmes are then approved and monitored by the relevant regulator.

Independent statutory regulatory bodies such as the General Medical Council, the Nursing and Midwifery Council and the Health and Care Professions Council have the general function of promoting high standards of education and coordinating all stages of education to ensure that health and care students and newly qualified healthcare professionals are equipped with the knowledge, skills and attitudes essential for professional practice.

To ensure the health and social care workforce is equipped and well supported to deliver personalised care to people at the end of life, including children and young people, Health Education England, now part of NHS England, hosts the e-ELCA (End of Life Care for All e-learning) training programme, which includes 9 modules on improving care for people at the end of life.

It is not for the Government to mandate a defined set of competencies. However, building on commitments set out in the 10 Year Health Plan, we are taking action to ensure education and training is fit for purpose. The first phase of the medical training review has concluded, and phase two is already underway. The 10 Year Workforce Plan will set out further detail on how we will ensure education and training are fit for the future.

While the 10 Year Workforce Plan will be focused on the NHS workforce, for this shift to be meaningful, multi-disciplinary working and effective integration with social care, public health and the voluntary, community and social enterprise sector will be vital.

Baroness Casey's independent commission into adult social care is underway as part of our critical first steps towards delivering a National Care Service. The terms of reference have been designed to be sufficiently broad to enable Baroness Casey to independently consider how to build a social care system, and workforce, fit for the future.

As part of the MSF for Palliative Care and End-of-Life Care, we have identified key areas for action. These include improving the quality and scale of education and training for the health and social care workforce, and shifting the national narrative to raise awareness of palliative care and end-of-life care. This will be supported through platforms such as the NHS App and NHS.uk, alongside partnerships beyond government. Metrics and targets are currently under development, with a proposed focus on training.

**Specialist workforce**

The 10 Year Workforce Plan will set out action to ensure we have a sustainable workforce ready to deliver the transformed service set out in the 10 Year Health Plan. We are working with partners to ensure the Plan delivers for staff and patients. We are also engaging independent experts to ensure it is ambitious, forward-looking and evidence-based.

While the Plan will articulate transformational changes for different professional groups and service areas, it would not be right to set targets for staffing, an issue best managed by individual NHS trusts, which are responsible for ensuring they have the right number of staff, with the right skill mix, to provide safe and effective care.

The Qualification in Specialism Standard (QiSS) referenced in the recommendation, sits within a wider career pathway, core capabilities in practice and education framework that has been developed by NHS England (NHSE) in collaboration with

**Stakeholders**

The framework supports the development of and planning for the current and future supportive, assistive and registration level nursing workforce (soon to also include allied health professions) who provide universal, targeted and specialist palliative care and end of life care and supports ICBs to ensure sufficient workforce is in place across all settings with the knowledge to deliver the care required.

Version 1 of the Career pathway, core capabilities in practice and education framework, incorporating a qualification in specialism for palliative care and end-of-life care, is already available on the NHS Futures website. A Steering Group, led by NHS England's Chief Nursing Officer's office is working with NHS England's Workforce Training and Education leads and their expert reference group to commission the QiSS modules. We are planning to have funding and places ready for March 2027/28.

**Recommendation 9:** The Government must hold ICBs to account for delivering bereavement services. This does not need to wait for the forthcoming Modern Service Framework as there are already clearly defined expectations for what ICBs should deliver in this area. In its response to this Report, we ask that the Department sets out how it will monitor ICBs' current delivery of bereavement services, and what steps will be taken with ICBs that do not deliver an acceptable level of service.

**Response**

**Accept**

The Government recognises the significance of bereavement support for families and friends following the loss of a loved one and agrees in principle with the recommendation, recognising the importance of robust bereavement services. Oversight mechanisms are already in place to ensure ICBs are held to account for their delivery of these vital services.

Bereavement services are commissioned locally, in accordance with the needs of the local population. ICBs are responsible for ensuring sufficient, high-quality, and accessible bereavement support for their local population. This obligation is underpinned by the "Ambitions for Palliative and End of Life Care" framework and reinforced by NHS England's statutory guidance, which sets out clear expectations for ICBs to commission palliative care services, including adequate provision for bereavement support. The Minister of State for Care has further outlined the Government's expectation that the requirements detailed in the NHS's statutory guidance should be incorporated into local strategies, reinforcing the obligation for ICBs to prioritise bereavement care.

NHS England has statutory responsibilities to oversee providers and ICBs and can take action where there is an actual or perceived breach of duties.

Oversight for ICBs is primarily delivered through regional teams under the NHS Oversight Framework, which considers:

- Performance against agreed oversight metrics
- Judgements of organisational capability.
- Other relevant intelligence (e.g. Care Quality Commission reports, partner escalations, and complaints).

NHS England's oversight relationship with each ICB, including in regard to the application of intervention activity, is based on the breadth and depth of challenge that exists and is routinely reviewed to ensure it remains appropriate. Where there are concerns regarding the quality of care this can be proactively escalated and addressed in line with the existing published National Quality Board guidance on quality risk response and escalation.

Additionally, the MSF presents the opportunity to reinforce the need to commission and provide pre- and post- bereavement care, but there are currently no plans to further monitor current delivery of bereavement services outside of current ICB oversight arrangements set out above.

The MSF will also consider the issues of emotional and practical support. We have been engaging with a wide range of stakeholders, representing over 70 organisations across the health and care ecosystem. The National Bereavement Alliance is one of the key stakeholders engaging with officials on the MSF development.

**Recommendation 10:** We recommend that the Government moves towards sustainable and predictable models of funding for hospices, financing their running as well as investment costs, which reflects the increasingly central role they will play in delivering end of life care. This funding should be accompanied by conditions that require hospices to play a greater role in actively addressing inequalities in access to their services.

**Response**

**Accept**

The Government recognises the vital role that hospices play, alongside NHS services, in supporting people at the end of life. Through recent investment and wider reforms, we are taking steps to support both service provision and infrastructure, while maintaining the independence of charitable hospices as autonomous organisations that often provide care above and beyond statutory requirements.

Addressing inequalities in access to palliative care and end-of-life care services therefore require a system-wide, collaborative approach. Strategic commissioning is central to the MSF, which will support the move towards sustainable and predictable models of funding for hospices in which equity should be a core objective of their commissioning. Through the MSF, the Government will support ICBs to review commissioning and contracting arrangements for palliative care and endoflife care, recognising the current mix of models across the hospice sector. A more strategic approach will help reduce reliance on shortterm grants and block contracts where appropriate, supporting greater sustainability and enabling providers, including hospices, to plan more equitably and effectively.

As part of this work, areas of action have been identified for those commissioning and delivering services, with associated performance and outcome metrics under development to support system accountability. This will be taken forward through strategic commissioning rather than prescriptive funding conditions, with ICBs expected to work with hospices and other providers to understand population need and support more inclusive service models, in line with their duties to address health inequalities.

As a first step, we have already written to ICBs recently to seek an update on hospice financial sustainability throughout England, and have also issued a system- facing letter setting out our expectations of key partners. This includes immediate actions, ICBs are expected to develop an integrated needs assessment, in line with the Strategic Commissioning Framework, to understand current and future population needs for palliative care and end-of-life care and to inform valueformoney commissioning, including an understanding of service utilisation and costs, consistent with the MediumTerm Planning Framework.

We are therefore asking ICBs to move to sustainable contracting of adult and children and young people's hospice services based on their integrated needs assessment. Initially this will involve the move away from short-term grant funding for adult hospice services from 2027/28. This will, in turn, enable all ICBs have clear and transparent contractual arrangements in place for commissioned hospice activity to meet population health need.

NHS England will support this transition through refreshed statutory guidance and service specifications later this year; however, ICBs can begin now by commissioning hospice services on the basis of their integrated needs assessment.